
From: Terry B [terrybrickman@hotmail.com]
Sent: 11/18/2015 3:33:08 PM
To: Brian Ski [brianski9966@gmail.com]
Subject: Insurance Info
Attachments: TB 1.pdf; TB 2.pdf; LB 1.pdf; LB 2.pdf

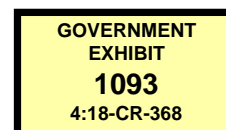
Importance: High

Brian,

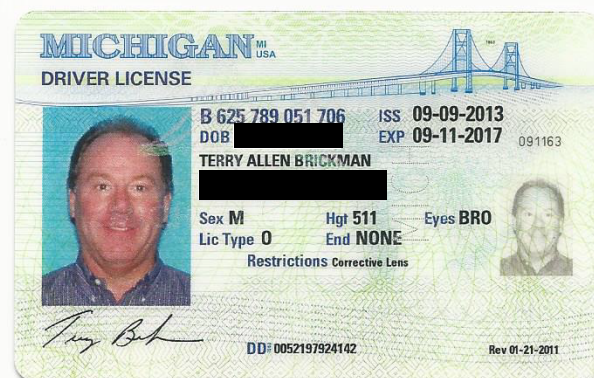
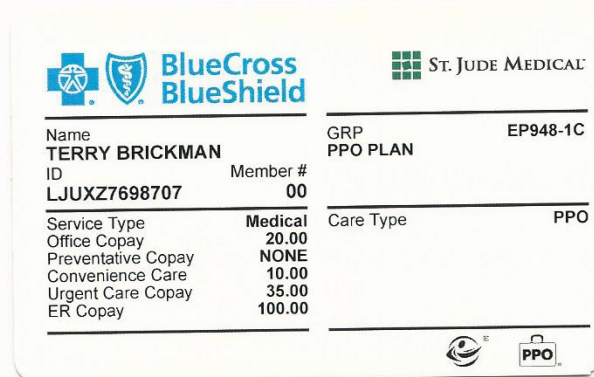
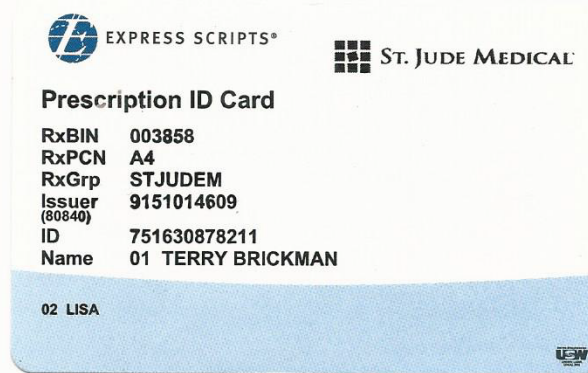
Attached is I.D. and Insurance/Rx for both Lisa and I.

both sides of everything have been attached so you have latest insurance, rx info, and new home address.

TB



DOJ-SMUBSSB-0000078729
DOJ-SMUBSSB-0000078729-1



Patient Customer Service:	800.939.2128
TDD:	800.759.1089
Accredo Specialty:	800.939.2128
Pharmacist Use Only:	800.922.1557

Express-Scripts.com

Accredo.com



www.bluecrossmn.com/sjm

Members: See your Summary Plan Description (SPD) for covered services and other important information. Possession of this card does not guarantee eligibility of benefits.

Providers: Claim filing and inquiries to local BlueCross and/or BlueShield plan. For all other inquiries, notifications, or authorizations, call Provider Service.

The medical plan is that of the employer. Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association, is serving only as the claims administrator and does not assume financial risk for claims.

Customer Service:	1-877-410-2227
Provider Service:	1-800-262-0820
Find a Provider:	1-800-810-2583
24-Hour Nurse Advice:	1-800-622-9524
Stop Smoking Program:	1-888-662-2583
Healthy Start:	1-866-489-6948

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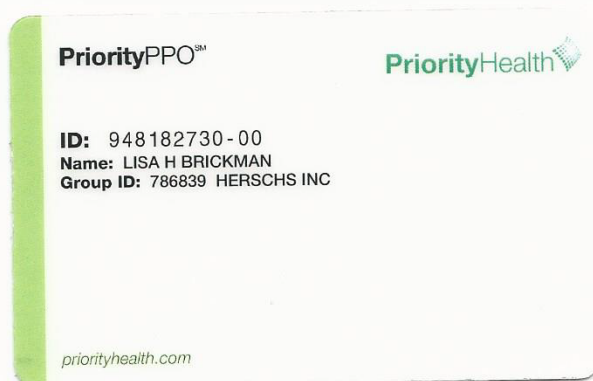


☐ **MEDICAL ALERT**
 ENCODED DATA: BIRTH, EXPIRATION, REVISION & TRANSACTION DATES; DID CARD #: NAME; ADDRESS; GENDER; ISSUING STATE & INVENTORY CONTROL #.

09-11-1963



9-10-2015



Customer Service Helpline: 888.389.6645

Members: For mental health and substance abuse benefits and assistance call 800.673.8043

PRE-AUTHORIZATION REQUIRED: All inpatient hospital services (except ER) and some outpatient services require pre-authorization. Please see your plan documents or call 800.828.8302

Submit medical claims to:

Priority Health
PO Box 232
Grand Rapids, MI 49501-0232
For electronic claim submission instructions visit
priorityhealth.com/claims

Prescription: Yes
Rx PCN: A4
Rx BIN: 003858 Rx Group #: PHCMRCL

FF This plan is sponsored by Priority Health



www.multiplan.com
(888) 785-7427